



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## BENIN

Benin's overall HIV prevalence remains relatively low, compared to other countries in sub-Saharan Africa, but the disease is spreading steadily among young adults and in vulnerable populations. Benin registered its first case of AIDS in 1985, and, in 1999, the Ministry of Health reported that an estimated 159,216 adults and children were living with HIV/AIDS

(UNAIDS estimates for 2001 report 120,000 infections, and an adult prevalence rate of 3.6 percent). Sixty-seven percent of AIDS cases reported in 1999 occurred in the 20- to 39-year age group, and heterosexual transmission was linked to the vast majority of these cases (90 percent). The Ministry of Health estimates that women account for about 40 percent of all persons living with HIV/AIDS.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	120,000
Total Population (2001)	6.4 million
Adult HIV Prevalence (end 2001)	3.6 %
HIV-1 Seroprevalence in Urban Areas	
Among population groups at high risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	41%
Among population groups with no known high-risk factors (e.g., pregnant women, blood donors, or others)	2.3%

Sources: UNAIDS, U.S. Census Bureau

According to Prime Minister Bruno Amoussou, HIV prevalence in Benin increased 10-fold from 0.36 percent in 1990 to 4.1 percent in 2000. HIV prevalence ranges from 0 to 14 percent in pregnant women, and from 4 to 32 percent among patients with sexually transmitted infections (STIs). Recent Ministry of Health studies (1999) show a prevalence of about 54 percent among sex workers.

The HIV epidemic in Benin has had a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others. Without access to, and use of, appropriate prevention of mother-to-child transmission (MTCT) programs, some 30-40 percent of infants born to HIV-positive mothers will become infected with HIV; most will die within two years. By the end of 2001, UNAIDS reported that approximately 12,000 Beninese children were living with HIV/AIDS, and 34,000 currently living children had lost one or both parents to the disease. (The Ministry of Health reported that about 37,141 children had been orphaned by 1999).



Map of Benin: PCL Map Collection,  
University of Texas

Despite widespread knowledge of HIV and modes of transmission and prevention in Benin, it is difficult to establish a corresponding shift in behavior change. A national survey conducted by Population Services International (PSI) in 1999 reported that 42.7 percent of men and 50.4 percent of women had a negative perception of condoms. About 54 percent of Beninese reported using a condom during their last sexual encounter with an "occasional" partner. Also, according to the 2001 Demographic and Health Survey (DHS), only 31 percent of men and 16 percent of women reported using a condom during their last sexual encounter with an "occasional" partner. Of those who reported not using a condom, 34.2 percent said it was because their partner refused.

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The spread of HIV/AIDS in Benin is linked to risk factors that increase vulnerability to HIV infection, such as an increase in out-of-school youth, high unemployment levels, poverty, women's weak social and economic status, high rates of illiteracy (especially among women), and a lack of proper care for STIs.

## National Response

In response to the first reported cases of HIV/AIDS in Benin, the government established the *Programme National de Lutte contre le SIDA* (PNLS) under the auspices of the Ministry of Health, with financial and technical assistance from the World Health Organization. A short-term HIV/AIDS plan was first put into place in 1987-88, followed by a first medium-term plan from 1989 to 1993, and a second medium-term plan for 1997 to 2001.

Recognizing the increasing severity of its epidemic, Benin has recently scaled up its response to HIV/AIDS, including development of a national strategy for health information, education, and communication. The PNLS initiated an HIV/AIDS strategic planning process for 2001-2005, and the national budget for AIDS control increased from less than \$325,000 in 2000 to about \$2.9 million in 2001. The new AIDS plan is an essential component of Benin's larger development and poverty eradication strategy. According to the Prime Minister, and in line with a recent Organization for African Unity agreement, Benin plans to spend at least 15 percent of its state expenditure on the health sector.

In addition, Benin's Council of Ministers recently committed to allocating debt relief funds to the AIDS response, and the U.N. Theme Group on HIV/AIDS addressed the National Assembly on HIV/AIDS. Nongovernmental groups (NGOs), including service associations and bankers, have also indicated a willingness to address the epidemic.

## USAID Support

In FY 2001, the U.S. Agency for International Development (USAID) allocated more than \$2 million to HIV/AIDS activities in Benin, an increase from \$1.025 million in FY 2000. USAID/Benin is working to increase health-seeking behaviors, and reduce high-risk behaviors by promoting a supportive policy and program environment. Specifically, the Mission strives to increase access to services and products; improve the quality and management of prevention services; and increase the demand for HIV/AIDS services, products, and prevention measures.

In 1999-2000, USAID/Benin developed a strategy for a new national HIV/AIDS prevention program, which focuses on advocacy, epidemiological and behavioral surveillance, STI treatment, behavior change communication for vulnerable groups, and continued support for condom social marketing. This strategy led to the development of a new national-level activity (four-year, \$4.5 million) that was launched in July 2002.

USAID supports the following country programs:

### Advocacy

To foster a supportive policy environment and encourage high-level action on HIV/AIDS, USAID finances the development of advocacy tools that can be used to influence decision-makers. USAID also plays an active role in the UNAIDS Theme Group, and a USAID staff member has served as the group's vice president since 2000.

### Behavior Change Communication

Since 1998, the Mission has funded a variety of information, education, and communication-related activities, including training of outreach workers to promote HIV communication-related activities; training of outreach workers to promote HIV and STI sensitivity; and the production and broadcasting of films and plays about HIV/AIDS-related topics. In FY 2002, USAID worked with the PNLS to carry out Benin's first national Behavioral Surveillance Surveys among the most vulnerable groups, the results of which should contribute to improving targeted communication activities.

## Capacity Building

USAID helps to build capacity within a national AIDS journalist's network and the national AIDS research network. The Mission provides support to the PNLS to improve management capacity and assist its efforts in coordinating the newly developed HIV/AIDS prevention strategy. In addition, USAID/Benin gives small grants for HIV prevention activities to selected nongovernmental organizations.

## Condom Social Marketing

Condom social marketing is currently USAID/Benin's major national HIV/AIDS prevention activity. Condom sales have doubled since 1997, with more than 6.5 million condoms sold in FY 2001. By the end of 2001, there were more than 16,000 sales points for condoms in Benin, up from 7,000 in 1999. The country is also part of a regional social marketing and behavior change program, targeting migrant populations such as truckers.

Quality media and communications interventions that explain the role condoms play in reducing the risk of HIV transmission are key to further increasing demand for the product. Marketing teams have been trained in HIV/AIDS prevention and communication techniques, focusing on how to talk with vulnerable groups. The teams travel to Benin's open-air markets, truck stops, schools and other "hot spots," spreading the message that HIV transmission can be prevented through the adoption of health behaviors, and demonstrating proper condom use.

## Challenges

According to the Prime Minister of Benin and USAID, the country faces several challenges to effective HIV/AIDS prevention and mitigation, including:

- Insufficient resources to effectively implement prevention and care programs;
- High level of poverty and low level of development (the United Nations placed Benin on its list of least developed countries);
- High prevalence rates among young adults, thus threatening productivity; and
- Increased vulnerability due to high rates of extramarital sexual relations.

## Selected Links and Contacts

1. USAID/Benin: Harry M. Lightfoot, Mission Director, Ambassade Americaine, 01 B.P. 2012, Cotonou, Republique du Benin. Tel: (299) 30-05-00, Fax: (299) 30-12-60.
2. Programme National de Lutte contre le SIDA, Dr. Alphonse Gbaguidi, Coordinator, PNLS/MSPSPCF 04 B.P. 0378, Cotonou. Tel: (229) 31-54-88; Fax (229) 33-27-82.
3. UNAIDS, Dr. Yamina Chakakar, Country Advisor Togo/Benin, UNAIDS Focal Point, c/o UNDP, BP 506, Cotonou. Tel: (229) 31-57-86.
4. PSI/Benin, B.P. 08-0876, Tri Postal, Cotonou, Benin. Tel: (229) 30-77-00, Fax: (229) 30-77-03, E-mail: [psi.jjustino@beninweb.org](mailto:psi.jjustino@beninweb.org) .

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For more information, see [www.usaid.gov/pop\\_health/aids/](http://www.usaid.gov/pop_health/aids/) or [www.synergyaids.com](http://www.synergyaids.com)*

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